

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540293

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13	1						
14							
15							
16	1						
17		1					
18		1					
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46							
47							
48							
49							
50							
TOTAL IND.	3		↓		↓		↓
TOTAL DEP.	15	←		↔		↔	←
TOTAL CLAIMS	18	[REDACTED]		[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		↔		↔	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	